

L19000154855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

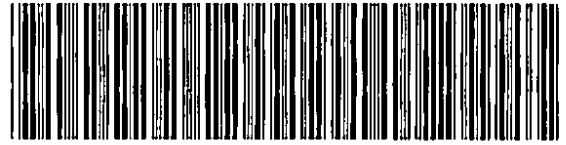
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Office Use Only

JUN 21 2019

A. SCOTT



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06/10/19--01026--020 **125.00

2019 JUN 10 AM 10:16
600330382866

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elite Trauma and Emergency Training LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Suzanne Soupene
Name of Person

Elite Trauma and Emergency Training LLC
Firm/Company

5250 Peggy Lane
Address

Middleburg, FL 32068
City/State and Zip Code

brandnsuz@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzanne Soupene at (904) 718-7684
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Elite Trauma and Emergency Training LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

5250 Peggy Lane
Middleburg, FL 32068

5250 Peggy Lane
Middleburg, FL 32068

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Suzanne Soupene

Name

5250 Peggy Lane

Florida street address (P.O. Box NOT acceptable)

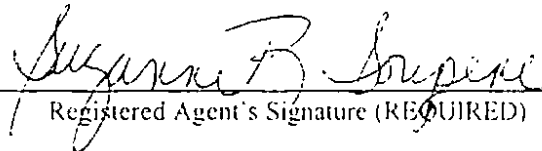
Middleburg

City

FL 32068

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Suzanne Soupene

5250 Peggy Lane

Middleburg, FL 32068

MGR

Lawrence Brand Soupene

5250 Peggy Lane

Middleburg, FL 32068

MGR

Kaitlyn Soupene

5250 Peggy Lane

Middleburg, FL 32068

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Suzanne Soupene

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Elite Trauma and Emergency Training LLC
5250 Peggy Lane
Middleburg, FL


INITIAL LIST OF MEMBERS

The following named person(s) shall constitute the initial members of Elite Trauma and Emergency Training LLC:

Suzanne Soupene
5250 Peggy Lane
Middleburg, FL 32068

Lawrence Brand Soupene
5250 Peggy Lane
Middleburg, FL 32068

Kaitlyn Soupene
5250 Peggy Lane
Middleburg, FL 32068



Suzanne Soupene, Organizer

06-03-19
Date